Official Request APARTMENT INCOME & EXPENSE SURVEY





| _ | Tax Assessment Map # | Abstract Code | Account # | |
|---|----------------------|---------------|-----------|--|
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This form is accessible via the Office's website at www.alexandriava.gov/realestate

If you wish, you may download the form and enter the data via the fillable PDF and submit electronically.

RETURN TO:

CITY OF ALEXANDRIA
OFFICE OF REAL ESTATE ASSESSMENTS
P.O.BOX 178
ALEXANDRIA, VIRGINIA 22313-1501

Dear Property Owner:

The Office of Real Estate Assessments is in the process of collecting and analyzing information for the annual reassessment of real estate located in the City of Alexandria. This is an official request pursuant to Section 58.1-3294 of the **Code of Virginia** that requires you to furnish this office with income and expense data for any income-producing properties for calendar year 2015. This request is also in compliance with Section 3-2-186 of the Alexandria City Code. All information submitted will be kept strictly confidential under the stipulations of Section 58.1-3 of the **Code of Virginia**.

This survey form is to be completed by the property owner or a duly authorized agent, showing the gross income (at 100% occupancy), vacancies and expenses for the above referenced property. The information should encompass the 2015 calendar year.

Income information related to calendar year 2015 that you may have previously submitted to the Office of Real Estate Assessments or to the Board of Equalization as part of a review or an appeal, <u>must be resubmitted at this time to satisfy this request.</u> The income information requested by the Department of Finance in regard to business licenses is not associated with this request.

In addition to the information requested as part of this survey, we request that you submit any other income or expense information that you believe to be relevant to the assessment of your property.

The enclosed self-addressed envelope is provided for your convenience. The income information must be returned to our office no later than **May 2**, **2016** or postmarked by the U. S. Postal Service no later than **May 2**, **2016**. We would like to remind you that any Request for Review of Assessment filed with this office, or any Appeal of Assessment filed with the Board of Equalization, which is based upon the income or expenses attributable to your property will not be considered unless this information has been filed on time.

If you have any questions regarding this matter, or wish to discuss this request form with a member of our appraisal staff, please call between 8:00 a.m. and 5:00 p.m., Monday through Friday. Your cooperation and timely response to this legal requirement will be greatly appreciated.

Sincerely,

The Office of Real Estate Assessments

Enclosure

CERTIFICATION

| State law | requires certification by the owner or officially authorized representative. (F | Please type or print all informat | ion except signature.) |
|--------------------------|--|---|---|
| Name of a | apartment | | |
| Property a | address | | |
| Type of p | roject or building (garden, garden-townhouse, mid-rise, high rise) | | |
| Owner(s) | name(s) | | |
| | ormation including the accompanying schedules and statements have edge and belief are true, correct, and complete. | been examined by me and t | to the best of my |
| Manag | ement firmPhone | | |
| Addres | s | | |
| Date _ | SignatureTitle | | |
| Print N | ameE-mail | | |
| of this sur please ca | ne and Expense information must be placed on this form. No alternative for vey. These instructions are provided to assist you in completing the form. In our office at 703.746.4646. | ms may be used. A detailed sof you should have any question | et of instructions is part ns or need assistance |
| | tial Rental Income: | | |
| 01a | Market rent as of January 1, 2015, from residential apartments, assuming 100% occupancy | | |
| 01b | Market rent as of January 1, 2015, from any commercial office and/or retail units, assuming 100% occupancy | | |
| 01c | Total Potential Rental Income (Sum of Lines 01a and 01b) | | |
| 2. Vacai 02 | ncy and Collection Loss (Calendar Year 2015): Income loss due to vacancy | Residential | |
| 03 | Income loss due to concessions | | |
| 04 | Income loss due to collection loss | | |
| 05 | Total Vacancy and Collection Loss (Sum of Lines 02 through 04) | | |
| | Gross Income (Calendar Year 2015): | | |
| 06a | Actual apartment rental income received | ····· | |
| 06b | Actual commercial rental income received | | |
| 06c | Actual income received (Sum of Lines 06a through 06b) | | |
| | Income (Calendar Year 2015): | | |
| 07 | Excess rent attributable to corporate suites. | | |
| 08 09 | Laundry income (Contract? Owner Managed?). | | |
| 10 | Utility reimbursements | | |
| 10 | Insurance reimbursements | | |
| 12 | Garage/Parking rents | | |
| 13 | Furniture rental income | | |
| 13 14 | Clubhouse rental | | |
| 14 | Special fees | | |
| 15 16 | HUD mortgage interest subsidy reimbursements | | |
| | (Specify:) | | |
| 17 | Concessions/ Vending machine income | | |
| 18 | Miscellaneous/Antenna Income (Specify:) | | |
| 19 | Total Other Income (Sum of Lines 07 through 18) | | |
| TOTAL | ACTUAL INCOME (Line 06c plus Line 19) | | |

CONFIDENTIAL Page 2 of 4

B. CAPITAL IMPROVEMENTS, RENOVATIONS

Has the property had Capital Improvements or Capital Renovations during the reporting period?
□Yes □No

If yes, please provide total cost here and attach a detailed list of improvements on a separate page. Reflect only those capital costs that were actually expensed in

| | calendar year 2015. Total Capital Cost | , , | |
|------------|---|-------------|------------|
| | Do you fund a reserve for future capital improvements? □Yes □N If yes, what is the annual amount? | lo | |
| C. ANN | UAL OPERATING EXPENSES (Calendar Year 2015) | | |
| 1. Utiliti | es: | Residential | Commercial |
| 20 | Water and sewer | | |
| 21a | Electricity – excludes HVAC | | |
| 21b | Electricity – includes HVAC | | |
| 22 | Primary heating fuel (Specify:) | | |
| 23 | Other fuel (Specify:) | | |
| | UTILITIES (Sum of Lines 20 through 23) | | |
| | enance and Repairs: | | |
| 24 | Maintenance payroll (including payroll taxes and benefits) | | |
| 25 | Maintenance supplies | | |
| 26 | HVAC repairs | | |
| 27 | Elec/Plumbing repairs | | |
| 28 | Elevator repairs. | | |
| 29 | Roof repairs | | |
| 30 | | | |
| 31 | Pool repairs | | |
| | Other common area or exterior repairs. | | |
| 32 33 | Typical redecorating or refit costs (i.e. painting, carpet, etc.) | | |
| | Other (Specify:) | | |
| | · · · · · · · · · · · · · · · · · · · | | |
| | nistrative: | | |
| 34 | Management fees | | |
| 35 | Administrative payroll (including payroll taxes and benefits) | | |
| 36 | All other administrative costs | | |
| 37 | Corporate suite expense | | |
| | ADMINISTRATIVE (Sum of Lines 34 through 37) | | |
| 4. Servi | | | |
| 38 | Janitorial/Cleaning | | |
| 39 | Landscape | | |
| 40 | Trash service | | |
| 41 | Security/Pool service | | |
| 42 | Snow removal | | |
| TOTAL | SERVICES (Sum of Lines 38 through 42) | | |
| 5. Insura | ance and Taxes: | | |
| 43 | Fire, Casualty insurance | | |
| 44 | Other taxes, fees (including occupancy tax) | | |
| 45 | Real estate taxes | | |
| TOTAL | INSURANCE AND TAXES (Sum of Lines 43 through 45) | | |
| 6. TOT | AL OPERATING EXPENSES BEFORE REPLACEMENT RESERVES | | |
| 46 | Total Expenses | | |
| Repl | acement Reserves (2015) | | |

CONFIDENTIAL Page 3 of 4

D. NET OPERATING INCOME (Calendar Year 2015)

| Total Act | | -4i F | | | Residential | Commercial |
|-------------|------------------------------------|-------------------|------------------------|------------------------|----------------------------------|------------|
| | ual Income less Operation | | | | | |
| | | | | | | |
| E. VACAN | NCY INFORMATION | | | | | |
| 1. Vacancy | for this project as of Ja | anuary 1 of the c | current year (2016)? |) | | |
| a. b. | Residential Commercial/Indust | unun | its orunits or | % of total u | units _% of total units | |
| 2. What wa | as the average vacancy | over the past ye | ear (2015)? | | | |
| a. b. | Residential Commercial/Indust | un rial | its orunits or | % of total (| units _% of total units | |
| 3. What is | the typical length of the | initial lease? | | | | |
| a. b. | Residential Commercial/Indust | # of | months # of month | ns | | |
| 4. Rent cor | ncessions being offered | l as of January o | of the current year (2 | 2016): | | |
| a. b. | Residential Commercial/Indust | Unit | typetype | _Amt./Mo Amt./Mo. | Total Total | |
| F. SUBSII | DIZED HOUSING IN | FORMATION | | | | |
| 1. | Is this property a par □Yes □No | ticipant in one o | f the HUD or other | ow income housing | g programs? | |
| | □221-D-3 | □221-D-4 | □236 Section 8 | 3 - Project-based p | rogram | |
| | □Other | □ADU Progra | am Tenant-based as | ssistance | | |
| Uas thor | e been a professional | annraisal on th | sic roal proporty in | the last five years | s? □Yes □No | |
| | praiser's estimate of | | Date of | _ | s: ares and | |
| - | INFORMATION (app | · | | <u>-</u> | | |
| Es | stimated total developn | nent costs (inclu | des all direct or "ha | rd" costs plus all inc | direct or "soft" costs, includir | |
| Pı | urchase price of land | | | | \$ | |
| TOTAL CO | OSTS | | | | \$ | |
| NOTE: A d | etailed construction cos | st breakout repo | rt may be substitute | ed in lieu of the abo | ve information. | |
| H. SALES | SINFORMATION | | | | | |
| Da | ate Acquired | Price _ | | | | |
| Da | ate Sold | Price _ | | | | |

CONFIDENTIAL Page 4 of 4